



Division of Trade & Consumer Protection
Bureau of Weights & Measures
P.O. Box 7837
Madison, WI 53707-7837

Electronic/Mechanical Line Leak Detector Annual Functionality

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

A. OWNER INFORMATION Name	SITE INFORMATION Facility ID#: Facility Name	CONTRACTOR INFORMATION Contractor Name
Company Name	Site Address	Contact Person
Number and Street	City, State, Zip Code	E-mail address
City, State, Zip Code	Assigned Anniversary month:	Telephone Number Fax Number () ()
Telephone Number Fax Number () ()	Date of Testing/Servicing:	Work order number:

This form is used to document testing and servicing of underground lines and is provided to the tank system owner/operator.
Owner/operator must retain test records in accordance with Comm 10.500(9).

Tech's Certification Number: _____ Test Equipment /Type (used for test) _____

Product							
Line #							
Leak Detector Manufacturer							
Model:							
Existing / New / Replacement							
Properly Installed	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Testing Location: (from highest or farthest shear valve)							
Dispenser Line Manifold	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	If lines are manifolded do submersible pumps come on simultaneously?						Y <input type="checkbox"/> N <input type="checkbox"/>
Satellite Included in test	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>
All Shear Valves Open	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Test Leak Rate ml/m							
Calibrated Leak in gph:							
Open Time In Seconds (Mechanical)							
Check Valve Holding psi: (Mechanical)							
Metering psi: (Mechanical)							
Did Shutdown Occur (Electronic)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Results:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>

Technician's Signature: _____

I attest by signature that the equipment identified in this document was tested to meet EPA 3.0GPH@10PSI testing requirements and the information is true, accurate, and complete.

Comments: _____

